



# The State of New Jersey

Department of the Treasury

Division of Revenue

## **ANNUAL VERIFICATION FORM (FOR SBE ONLY)**

**(Must be submitted at the end of years 1 & 2 of a 3-year Registration Period)**

Our records indicate that you were issued a Small Business Enterprise (SBE) registration with our Division. To maintain your registration in an active status, you must submit a completed annual verification form to indicate any changes in your company's ownership status and provide your company's updated contact information.

**Note:**

The Division reserves the right to request two years of business federal and state tax returns of all schedules, and most recent income statements and balance sheets.

Please check here if business ownership has not changed since your certification date. If any information is incorrect, please provide corrections and attach the documentation.

Is this firm independently owned and operated whereas the Management owns at least 51% and is responsible for both daily and long-term operations?  Yes  No

Is the applicant's principal place of business in New Jersey as defined by:

- \* At least 51% of firm's current employees work in New Jersey supported by paid unemployment taxes  Yes  No
- \* At least 51% of this firm's business is conducted in New Jersey supported by NJ income and/or business tax returns  Yes  No
- \* Total number of full time employees including owner(s) \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

I, \_\_\_\_\_, do herewith attest that the ownership and  
(Owner, Partner or President only)

control of \_\_\_\_\_, under  
(Business Name)

Federal Identification/S.S. Number: \_\_\_\_\_, on which the original certification was granted, has not changed during the last twelve (12) months. (If changed please attach documentation)

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

**Return to:** NJ Division of Revenue, Business Support Services, PO Box 455, Trenton, NJ 08646

1 Updated contact information including e-mail address is essential to ensuring receipt of annual verification and end-of-certification period notices from the Division's (NJSAPI) system.